

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538697

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	2					
5	6					
6	5					
7	7					
8	8					
9	9					
10	10					
11	10					
12	10					
13		1				
14			1			
15			1			
16			1			
17			1			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	12	←	11	←		
TOTAL CLAIMS	13		12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						